



**INSURANCE COMPLIANCE FORM
REQUIRED FOR J-1 EXCHANGE VISITORS & J-2 DEPENDENTS**

According to immigration regulations (22 CFR S62.14), J-1 exchange visitors and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the J-1 program (indicated in item 3 of the DS-2019) continuing to the end of the J-1 program. There cannot be any breaks or lapses in insurance coverage even if one travels outside the U.S for an extended period of time during the J program.

ISSS must terminate the SEVIS record of an exchange visitor who: 1) does not provide ISSS with a valid *Insurance Compliance Form* by the start of the SMU J program; and 2) does not submit an updated *Insurance Compliance Form* when the previously reported insurance expires; and 3) does not submit an updated *Insurance Compliance Form* when s/he seeks to extend the J-1 program.

The willful failure to carry the required insurance for yourself and, if applicable, your dependents, or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

SURNAME	GIVEN NAME	
SMU ID NUMBER	SEVIS ID NUMBER	
Will the insurance policy include coverage for J-2 dependents	Yes	No
<i>Insurance policy submitted for</i>		
Initial DS2019	Updated/Extension	Insurance for a new J-2

Medical Insurance Minimum Requirements

- \$100,000 per accident & illness
- Annual Deductible cannot exceed \$500
- Coinsurance cannot exceed 25%
- Medical evacuation coverage must be at least \$50,000
- Repatriation of remains coverage must be at least \$25,000
- Includes reasonable waiting period for pre-existing conditions

Carrier must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government.

NAME OF INSURANCE COMPANY		
POLICY NUMBER FOR HEALTH COVERAGE		
POLICY NUMBER FOR REPATRIATION/MEDICAL EVACUATIONS		
EXPIRATION DATE (MM/DD/YYYY)		
<i>The above insurance information has been verified by</i>		
SMU Benefits Representatives	SMU Health Center Representative	Provider Representative Name
Name	Name	Name
Email	Email	Email
Phone	Phone	Phone
Address	Address	Address

ATTESTATION – Include an original signature

I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14.

- I understand it is *my responsibility* to provide proof of continuous insurance coverage to ISSS throughout my J program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University will terminate my J program which will result in my loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me.
- I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR S62.14.

Exchange Visitor Signature: _____

Date: _____